TO: Director, National Institute for Occupational Safety and Health

FROM: California Fatality Assessment and Control Evaluation (FACE) Program

SUBJECT: Construction Supervisor Falls from an Unguarded Mezzanine and Dies during a Restaurant Renovation Project in California

SUMMARY

California FACE Report #93CA001
November 15, 1994

A 58-year-old Asian male construction supervisor (victim) died after falling approximately 20 feet from a mezzanine (second story floor) during a restaurant renovation project. The victim was an employee of the restaurant management company and was giving instructions to the contractor just before the incident occurred. He (victim) was not wearing any personal protective equipment (PPE) at the time of the incident. The contractor and one of his employees heard a noise, which they investigated and subsequently found the victim lying on the ground floor. The contractor called paramedics and the victim was taken to the hospital. The CA/FACE investigator concluded that, in order to prevent future similar occurrences, employers and contractors should:

- provide training of employees in hazard recognition and avoidance, and safe work policies including task specific procedures; and

- position guardrails to prevent employees from falling.

INTRODUCTION

On March 15, 1993 a 58-year-old Asian male construction supervisor fell from a mezzanine (approximately 20 feet) to a concrete surface, dying several days later on March 18. The CA/FACE investigator was informed of the incident by the Los Angeles County Coroner's office on March 24, 1993. The CA/FACE investigator went to the incident site and conducted an investigation and interview with the Safety Officer from the restaurant

management company. The Cal/OSHA Report and Coroner's Autopsy Report were also obtained by the CA/FACE investigator.

The victim had worked with his employer (restaurant management company) for eight years. The employer was a restaurant management company which owned numerous restaurants throughout Southern California. The company was renovating the incident site prior to opening the restaurant. There were 1800 employees working for the employer at the time of the incident. The company had been in business for approximately 20 years. They had been working at the incident site for six months.

There were only three employees (two contractors and the victim) working at the site when the incident occurred. The restaurant management company had safety officers on staff and there was a written safety plan which addressed all points under Title 8 of the California Code of Regulations (CCRs) Injury and Illness Prevention Program (IIPP). The victim was engaged in his normal duties at the time of the incident, overseeing a new roof installation by a
roofing contractor.

INVESTIGATION

At 9:20 a.m. on the day of the incident, the victim had just finished speaking with the contractor. The contractor was then called to help remove a wall air conditioner by his co-worker. The two contractors heard a "thud" and when they investigated they found the victim lying on the ground floor (floor below the one on which they were working), bleeding from his head. The contractors called paramedics to the scene.

The building where the incident occurred was a two-story unit which was being renovated. The floor the victim fell from was constructed of plywood and had very small nails angled up from the surface. The nails protruded approximately one and a half inches above the plywood. The victim had been standing and speaking with the contractor a few minutes before the incident occurred. They both had been standing approximately two feet from the edge of the mezzanine. The victim apparently fell from near this location, and landed on a concrete floor below. No one witnessed the incident so it is not known how the victim fell or what he was doing immediately prior to the incident. The victim may have caught his shoes on the nails causing him to fall. Paramedics arrived about 20 minutes after they had been summoned by the contractors.

CAUSE OF DEATH

The Coroner's Autopsy Report stated the cause of death to be multiple traumatic injuries due to blunt force trauma.

RECOMMENDATIONS/DISCUSSION

Recommendation #1: Employers and contractors should provide for training of employees in hazard recognition and avoidance, and safe work policies including task specific procedures.

Discussion: Under Title 8 of the California Code of Regulations (CCRs) General Safety Precautions section 1511 (a) No worker shall be required or knowingly permitted to work in an unsafe place, unless for the purpose of making it safe and then only after proper precautions have been taken to protect the employee while doing such work.

Recommendation #2: Employers and contractors should install guardrails in elevated areas to prevent employees from falling.

Discussion: This incident may have been prevented if there had been a railing at the edge of the mezzanine. Under Title 8 of the CCRs section 3210 (a) guardrails shall be provided on all open sides of unenclosed roof openings, open and glazed sides of landings, balconies, or porches, platforms, runways, ramps, or working areas.

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November 15, 1994

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FATALITY ASSESSMENT AND CONTROL EVALUATION PROGRAM

The California Department of Health Services, in cooperation with the Public Health Institute and the National Institute for Occupational Safety and Health (NIOSH), conducts investigations of work-related fatalities. The goal of this program, known as the California Fatality Assessment and Control Evaluation (CA/FACE), is to prevent fatal work injuries in the future. CA/FACE aims to achieve this goal by studying the work environment, the worker, the task the worker was performing, the tools the worker was using, the energy exchange resulting in fatal injury, and the role of management in controlling how these factors interact. NIOSH-funded, state-based FACE programs include: Alaska, California, Iowa, Kentucky, Massachusetts, Michigan, Minnesota, Nebraska, New Jersey, New York, Oklahoma, Oregon, Washington, West Virginia, and Wisconsin.

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Additional information regarding the CA/FACE program is available from:

California FACE Program
California Department of Health Services
Occupational Health Branch
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